

U.S. Coast Guard Dental Officer Peer Review Instrument
Clinic_____

Last 4 of Patient SSN and Initials										
ELEMENT										
1. Entries are neat and legible										
2. BP and pulse noted at annual exam. Vital signs noted as clinically appropriate at all subsequent appointments										
3. Health history reviewed, signed, and positive entries addressed annually or when information changes.										
4. SOAP format is used for all annual exams and sick call entries										
a) Chief Complaint documented										
b) Pain-control is addressed by conclusion of visit										
c) Diagnosis is recorded.										
d) Treatment plan supports diagnosis (including perio)										
e) Appropriate diagnostic tests performed (including diagnostic quality radiographs)										
f) Annual dental exam documented										
g) All teeth requiring treatment diagnosed and treatment planned										
5. Procedures are documented with specific materials, type and dose of anesthetic										
6. Prescription drug utilization appropriate										
7. Patient instructions, including follow-up, documented										
8. All referrals are reviewed and appropriate follow-up addressed										
9. Provider name printed or stamped & signed on health questionnaire and case notes										
10. Clinical guidelines followed (restorative per attachments).										
Key N/C = Not Compliant N/A = Not Applicable C= Compliant										
Provider being Reviewed										
Reviewed By:	Name:			Date:						
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